

# STAT NALOXONE ADMINISTRATION

## CASE FOR CHANGE

Prescription opioids are often used to treat chronic and acute pain and, when used appropriately, can be an important component of treatment. However, serious risks are associated with their use, and it is essential to carefully consider the risks of using prescription opioids alongside their benefits. These risks include misuse, opioid use disorder (addiction), overdoses, and death.

Since 1999, there have been over  
**165,000 DEATHS**  
from overdoses related to  
prescription opioids.<sup>1</sup>



More than 40 people  
die every day from  
overdoses involving  
prescription opioids.<sup>1</sup>



4.3 million Americans  
engaged in non-medical  
use of prescription opioids  
in the last month.<sup>1</sup>

## TOOLS & RESOURCES

- ◀ Compass HIIN Hospital Specific Opioid Reports
- ◀ Assistance and Training from Clinical Quality Consultants
- ◀ Data Support
- ◀ HIINnovation
- ◀ Coming Soon: Opioid Stewardship Implementation Guide

- ◀ IHC Comfort Menu – Inpatient
- ◀ IHC Comfort Scale
- ◀ Post-Op Comfort Plan – Acute and Chronic

## QUESTIONS TO CONSIDER

- Do you know what your current data reflects for your Hospital's Stat Naloxone Administration rate?
- How are you currently collecting data for this measure? Can you confirm that your reported data includes only those cases when naloxone is administered to an inpatient to whom you have prescribed an opioid and it is being administered as a reversal agent?
- Have you seen any trends that might be opportunities for performance improvement and/or staff education? (By controlled substance, by provider, by unit, etc...)
  - What other pain treatment options do you offer your patients?
- Do your providers utilize the PMP (Prescription Drug Monitoring Program) prior to prescribing Opioids?
- How are you educating your patients about realistic pain management goals?
- Do you utilize tools such as the comfort menu and the comfort scale?
- When stat Naloxone is used in the hospital, what communication processes are in place to assure those who need the information have the information?
- Do you have data to know how many opioids are prescribed in the hospital?
- What prescribing protocols have you implemented for Opioids?

## FREQUENTLY ASKED QUESTIONS

**Q: Should I be including all patients that received Naloxone in this measure?**

- No. This measure is specific to the inpatient units when Naloxone is used as a reversal agent. This excludes the emergency department and the community as there are separate measure for these areas.

**Q: How can I find this information in the electronic health record?**

- We suggest speaking to your pharmacist. Is there a report that is pulled daily that shows all doses of Naloxone given? Does your hospital complete an event report every time Naloxone is given as a reversal agent?

**Q: If a patient takes a medication/drug that is not on their current hospital medication list and needs Naloxone as a reversal agent, do I count this towards the HIIN measure?**

- No. This measure is intended to look at patients that receive an opioid that is prescribed to them in the hospital and needing Naloxone as a direct result of the medication given.



## MEASURE

### Numerator:

- Number of episodes when a reversal agent (e.g. Naloxone) is administered to acute care, skilled nursing facility, swing bed and observation patients prescribed opioids

### Denominator:

- Number of acute care, skilled nursing facility, swing bed and observation patients prescribed opioids